

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155029		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/10/2011	
NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5600 EAST 16TH STREET INDIANAPOLIS, IN46218			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/02/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/10/11</p> <p>Facility Number: 000012 Provider Number: 155029 AIM Number: 100274900</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this PSR survey, Community Nursing & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0144 SS=F	<p>all resident sleeping rooms. The facility has a capacity of 115 and had a census of 106 at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/15/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on interview and record review, the facility failed to ensure emergency power would be transferred to the emergency generator within 10 seconds of building power loss for 5 of 12 months. NFPA 99, 3-4.1.1.8 states generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient</p>			K0144	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The emergency generator has been tested to ensure it turns on within ten (10) seconds of power outage. In-service was conducted with Maintenance staff to ensure the emergency generator is checked weekly. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. What measures will be put into place or what systemic changes will</p>		06/30/2011

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	<p>practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator - Weekly Exercise/Monthly Load Test Log" documentation with the Maintenance Director from 11:00 a.m. on 06/10/11, monthly load test documentation for 01/04/11 lists the transfer time as 4.0 minutes, monthly load test documentation for 02/01/11 lists the transfer time as 8:50, monthly load test documentation for 04/26/11, 05/31/11 and 06/07/11 lists the transfer time as, respectively, twenty seconds, thirty seconds and twenty seconds. Based on interview at the time of record review the Maintenance Director stated, when the emergency generator is in test mode it takes more than ten seconds to transfer power to the emergency generator but in the event of loss of power to the building, it takes less than ten seconds to transfer power to the emergency generator. The Maintenance Director stated a contractor named MacAllister serviced transfer switch operation on 06/07/11 and provided a work order invoice entitled "Proforma Invoice" dated 06/10/11 from MacAllister which stated the "transfer switch being unrepairable" and "Transfer switch is operational but slow to transfer</p>				<p>you make to ensure that the deficient practice does not recur? Maintenance staff was in-serviced by the Executive Director on assuring that emergency generator turns on within ten (10) seconds of a power outage. Maintenance Director has in-serviced maintenance staff on how to check emergency generator in the absence of Maintenance Director. Maintenance Director/designee will check emergency generator 1 x weekly to ensure it turns on within 10 seconds of power outage. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The CQI committee will review the results of the emergency generator tests. If compliance is not achieved, an action plan will be developed to ensure compliance.</p>		

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	<p>taking more than 10 seconds. Recommend replacement of switch." The Maintenance Director stated no decision has been made to replace the transfer switch and acknowledged monthly load test documentation for 01/04/11, 02/01/11, 04/26/11, 05/31/11 and 06/07/11 stated the transfer time was greater than 10 seconds.</p> <p>This deficiency was cited on 05/02/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>						